BUILDING HEALTHIER COMMUNITIES

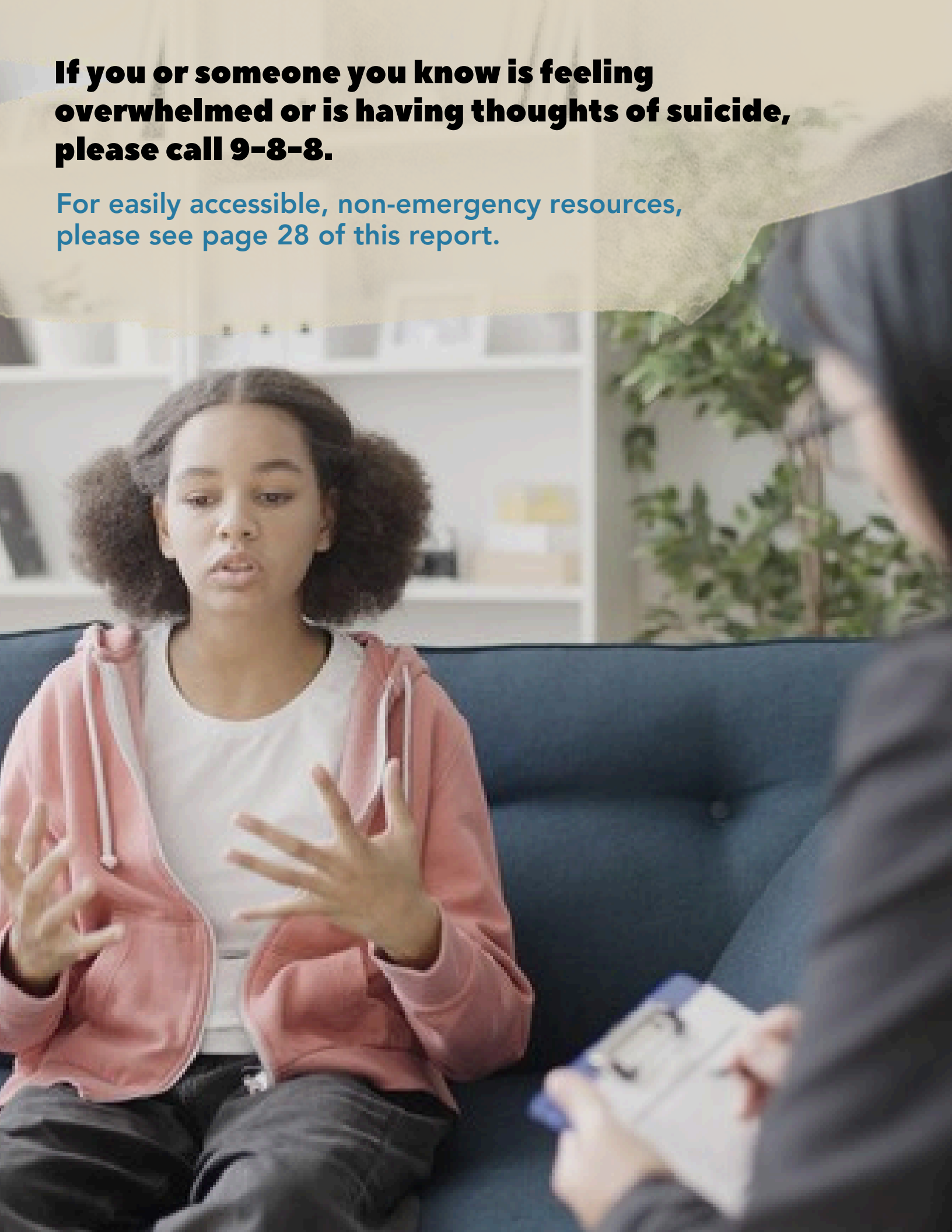
Cook County Department of Public Health
A division of Cook County Health

Suburban Cook County
Suicide Report

OCTOBER 2025

If you or someone you know is feeling overwhelmed or is having thoughts of suicide, please call 9-8-8.

For easily accessible, non-emergency resources, please see page 28 of this report.



Suicide remains a public health crisis in the United States and suburban Cook County

One person dies by suicide every 11 minutes in the U.S.

U.S.

50K

LIVES LOST IN 2023

Suburban Cook County

267

LIVES LOST IN 2023

U.S.

14

DEATHS PER 100,000

Suburban Cook County

10

DEATHS PER 100,000

INEQUITIES ARE GROWING FOR SOME GROUPS IN SUBURBAN COOK COUNTY:

1.7X

Hispanic Residents
suicide death rates nearly doubled between 2018 and 2023 in suburban Cook County.

3X

Female Teen Residents
were nearly three times as likely as their male peers to visit the emergency department for suicide in suburban Cook County.

2.4X

Black Residents
suicide death rates more than doubled between 2018 and 2023 in suburban Cook County.

3X

Black High School Students
in suburban Cook County attempted suicide at three times the rate of their peers.

Suburban Cook County has lower suicide rates compared to the state and nation.
In 2023, nearly 50,000 lives were lost to suicide nationwide—about one death every 11 minutes (CDC, 2024).

In suburban Cook County (SCC), in the five years between 2018 and 2023, a total of1,506 people lost their lives to suicide. In 2023, about 10 people out of every 100,000 SCC residents died by suicide. That rate is slightly lower than in Illinois (13 per 100,000) and the U.S. overall (14 per 100,000). Despite lower rates compared to state and national averages, every life lost to suicide greatly impacts communities across suburban Cook County.

There are growing inequities by race and ethnicity.
Some groups shoulder a greater burden. Whites had the highest suicide rates, at 12.3 deaths per 100,000 people. However, there was a notable increase in suicides among Black and Hispanic SCC residents. Suicide rates for African Americans rose from 4.5 per 100,000 residents in 2018 to 10.7 per 100,000 residents in 2023. For Hispanic residents, suicide rates rose from 4.0 per 100,000 residents in 2018 to 7.0 per 100,000 residents in 2023.

In 2022, 14.6% of high school students reported seriously considering suicide. Black high school students in suburban Cook County attempted suicide at three times the rate of their peers.

CCDPH has issued recommendations to respond to the crisis.
To respond to the crisis, CCDPH recommends comprehensive strategies to: bolster economic stability; reduce access to lethal means; strengthen community connectedness; improve access to suicide care; and identify and support people at risk. CCDPH, community-based organizations, and other government agencies have invested in these strategies; however, additional investments and coordination across programs are essential to ensure equitable access and reduce suicide deaths. CCDPH is also committed to identifying strategies that center youth voices and help ensure that youth are receiving support in culturally-responsive ways.

Figure 1 | Suicide Deaths Among Youth & Adults, SCC, 2018-2023

	2018	2019	2020	2021	2022	2023	2018-2023
Youth (Under 24 years of age)	30 (11.8%)	36 (14.0%)	29 (13.2%)	31 (12.8%)	29 (10.9%)	37 (13.9%)	192 (12.7%)
Adults (Over 25 years of age)	224 (88.2%)	222 (86.0%)	190 (86.8%)	211 (87.2%)	237 (89.1%)	230 (86.1%)	1,314 (87.3%)
Total	254	258	219	242	266	267	1,506

Data on suicide reveals only part of the story. Elyssa's Mission, an Illinois organization dedicated to suicide prevention, partners with schools across the state to bring critical programs like Signs of Suicide (SOS) directly to students. SOS teaches youth to recognize the warning signs of depression and suicidal thoughts, and to feel empowered to take action for themselves and their peers.

Elyssa's Mission shared the following testimonial from a high school student in SCC who participated in their program. This powerful story is a reminder that services like Elyssa's Mission save lives in our communities every day.

A HIGH SCHOOL STUDENT'S TESTIMONIAL

In middle school, I was a victim of bullying and struggled with OCD and depression. By the end of eighth grade, I had turned to self-harm and was consumed by suicidal thoughts. Certain comments made by even my best friends at the time made me feel as if I lacked value and was better off not being alive. I kept the way I felt to myself and refrained from telling anyone close to me because I was afraid of how people would react if I said something.

In my freshman year, I was shown the (SOS) Signs of Suicide for High School videos brought to our school by Elyssa's Mission. At the time, I was still grappling with the idea of telling someone the way I was feeling. I was afraid and unsure if my parents would accept the way I felt. I was also unaware of the seriousness of my feelings. However, after watching the videos, I made up my mind to tell my parents that I was having suicidal thoughts and was unable to see my worth in the world. I took action for myself.

I was able to start seeing a licensed therapist and psychiatrist who together helped me understand my emotions. They helped me improve my communication with my parents and find my worth again. The program ultimately inspired me to get help for myself, and for SOS, I will be forever grateful.

Suicide impacts suburban Cook County (SCC) residents of all ages, races, and walks of life – from youth struggling silently in school hallways to isolated older adults. Suicide impacts groups in different ways. In SCC, the male suicide rate is over 3.5 times the female suicide rate (see Figure 3 on page 5). While White residents have historically experienced higher suicide rates locally, recent data show increases among Black and Latino populations, indicating that suicide is becoming a broader community issue requiring urgent and equitable solutions.

Systemic Drivers

These disparities often reflect deeper systemic issues. Suicide risk increases when people face ongoing challenges, such as trauma, poverty, housing instability, discrimination, substance use, and barriers to mental health care (Jeste et al., 2025). These challenges shape who is the most vulnerable and how communities experience mental health risk. Structural conditions can systematically disadvantage certain groups – leaving LGBTQIA+ youth, youth of color, and those from low-income families at heightened risk for mental health challenges and suicide.

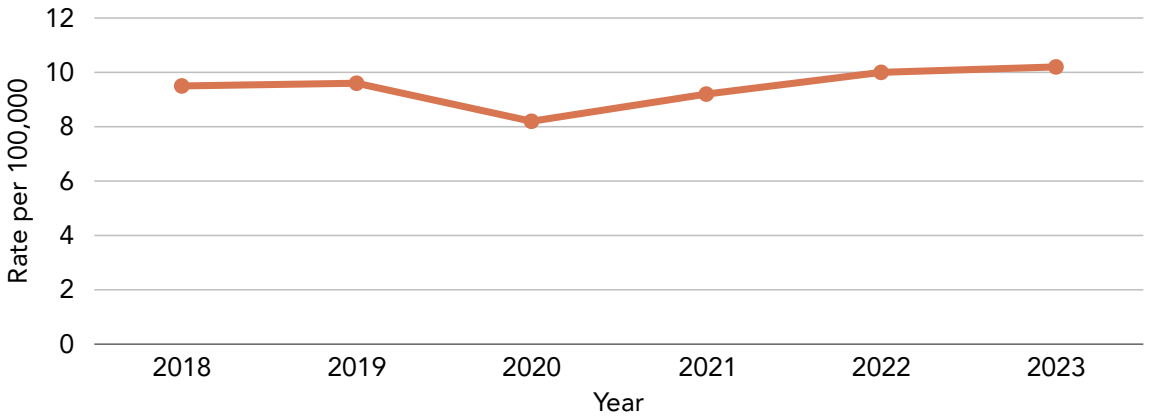
National data, for instance, shows that students who report unfair discipline at school were more likely to report suicidal thoughts or behaviors (CDC, 2024). These structural conditions can increase the likelihood of mental health challenges. Addressing suicide means examining and mitigating root causes, and recognizing that prevention isn't just about mental health, it's also about equity, justice, breaking down stigma, and access to care.

Purpose of this Report

This report is an effort to reflect, educate, and act. It highlights the state of suicide and mental health in SCC, and examines both recent and historical data. It also explores how suicide trends vary across age groups, gender identities, and race/ethnicities; and uncovers other factors that contribute to risk, such as substance use. Based on the data, we provide recommendations on programs and efforts to reduce deaths. Whether you are a parent, educator, provider, policymaker, or someone who simply cares about their community, this report offers insights and tools to better understand suicide, and what we can do collectively to save lives.

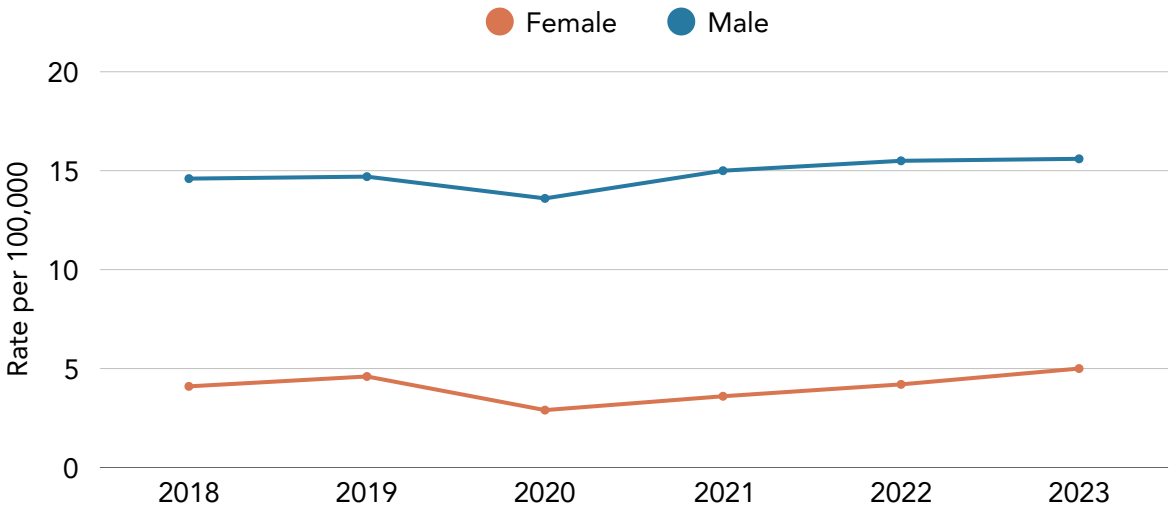
Illinois suicide rates remained relatively stable between 2013 and 2021, hovering around 10-11 deaths per 100,000, while national rates consistently trended higher. Between 2000 and 2018, suicide rates in the United States increased by 37%, followed by a brief 5% decline from 2018 to 2020. However, national rates rose again, peaking in 2022. In 2023, the age-adjusted suicide mortality rate was 14.3 deaths per 100,000 in the U.S., 13.1 in Illinois, and 10.2 in SCC. SCC, on the other hand, experienced some fluctuation – peaking at 9.5 deaths per 100,000 in 2018, dropping to 8.2 in 2020, and climbing back to 10.2 in 2023.

Figure 2 | Age-Adjusted Suicide Death Rate per 100,000 persons, SCC, 2018 to 2023



Data source: IDPH Death Certificate 2018 to 2023

Figure 3 | Age-Adjusted Suicide Death Rate per 100,000 persons by Sex, SCC, 2018-2023



Source: IDPH Death Certificate 2018-2023

Substance use is not just a coping mechanism – it is often a warning sign. Alcohol and drug use, especially when paired with trauma or untreated mental health struggles, can significantly increase the risk of suicide. National research shows that alcohol and opioid use disorders are strongly linked with suicidal ideation, suicide attempts, and death by suicide. People suffering from substance use disorders are up to 10 times more likely to die by suicide compared to the general population (Rizk et al, 2021). This is especially true for individuals who have experienced chronic stress related to poverty, racism, or housing insecurity (Merrick et al, 2017).

In Illinois, nearly 8% of Illinois adults report a past-year substance use disorder, and 25.1% report symptoms of serious mental illness – both among the highest rates in the Midwest. Approximately 6% of SCC adults reported experiencing serious psychological distress. CCDPH's 2022 and 2023 Cook County Health Survey also found that 2% to 2.4% of SCC adults reported misusing prescription drugs, and 3.8% to 4.5% of adults reported binge drinking. While these percentages are much lower than Illinois as a whole, local health providers are seeing more residents seeking mental health resources.

SCC data reflects that substance use is connected to mental health

Substance use often happens at the same time as severe psychological distress. Recent data from the Cook County Health Survey found a connection between substance use and psychological distress among SCC residents.

20%

Adult residents who reported opioid misuse had a 20% increased likelihood of experiencing severe psychological distress.

12%

Those who reported using e-cigarettes had a 12% increased likelihood of severe distress.

11%

Individuals with four or more adverse childhood experiences (ACEs) were 10-11% more likely to report moderate to severe psychological distress.*

*Additional contributors to mental distress included cannabis use, binge drinking, and physical inactivity.

It is important to note that we do not know what causes what. The relationship between substance use and suicide is not one-way. Depression can lead someone to misuse alcohol or drugs to numb emotional pain; and in turn, these substance uses can worsen depression or impulsivity, increasing the likelihood of suicidal behavior (Merrick et al, 2017).

It is also important to highlight that the strength of the connection between substance use and psychological distress is not at the level that researchers would publish papers on, and local SCC data are not designed to measure this relationship in the same way. As such, while these findings highlight potential links, they should be interpreted with caution and viewed as part of a broader context rather than a definitive measure of association.

These findings reinforce the need for integrated prevention strategies in SCC that address both substance use and underlying mental health conditions through early intervention, trauma-informed care, community support systems, and addressing root causes of behavioral health.

Figure 4 | Increases in suicide behaviors by risk factors in SCC. (For example, youth who felt hopeless were 32% more likely to consider suicide).

Factors	Outcomes			
	SERIOUSLY CONSIDERED SUICIDE	PLANNED SUICIDE	ATTEMPTED SUICIDE	NEEDED MEDICAL ATTENTION AFTER A SUICIDE ATTEMPT
Felt hopeless	+32%	+26%	+11%	+10%
Reported being bullied	+ 7%	+9%	+6%	+5%
Reported being cyberbuilled	+11%	+7%	+5%	+6%
Felt threatened	+8%	+11%	+14%	+18%
Substance Use Marijuana Alcohol Cigarettes Prescription Drug Use	 +16% +13% +16% +17%	 +13% +11% +13% +17%	 +11% +10% +9% +15%	 +11% +11% +22% +22%

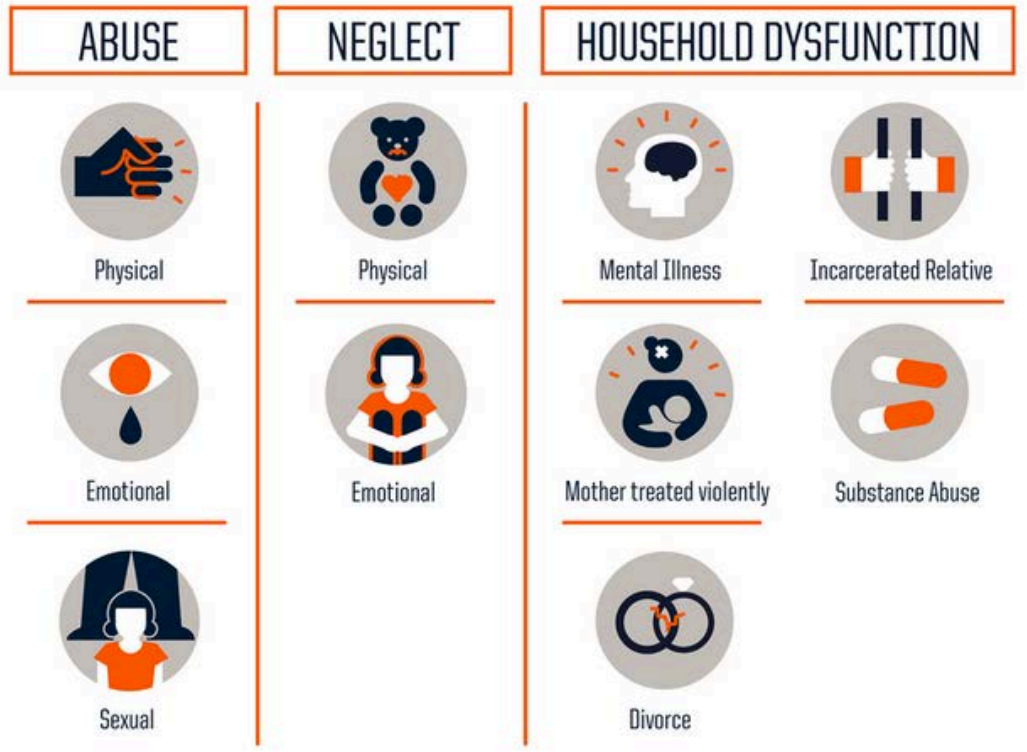
Source: Suburban Cook County Youth Behavioral Risk Survey (SCC-YRBS), 2020 and 2022

Mental and behavioral health outcomes, including suicide risk, are shaped by internal psychological conditions. Adverse childhood experiences (ACEs) refer to stressful or traumatic events that occur during childhood, such as abuse, neglect, or living in a household with violence or substance use. The results of an analysis done by Merrick et al. (2017), indicated a relationship between ACE scores and adult mental health problems: The more ACEs a person had, the more likely they were to face behavioral health challenges as an adult.

National data shows, that compared to individuals with no ACEs, individuals reporting six or more ACEs had 2.7 times increased likelihood of reporting depressed affect during adulthood, 24.3 times increased likelihood of attempting suicide, 3.7 times increased likelihood of reporting drug use, and 2.8 times increased likelihood of reporting moderate to heavy drinking after adjusting for sociodemographic factors (Merrick et al., 2017). In CCDPH's 2022 and 2023 Cook County Health Survey, 14.2% of SCC adults reported four or more instances of adverse childhood experiences.

In SCC, data from the 2022-2023 Cook County Health Survey (CCHS) echo national findings about the connection between ACEs and future mental health challenges, though the strength of the connection is not as strong. Residents reporting four or more ACEs were 10-11% more likely to experience moderate to severe mental distress than those with fewer or no ACEs. These findings emphasize the importance of preventing and addressing childhood trauma and social inequities when designing suicide prevention strategies across SCC.

Three Types of ACES



Source: Centers for Disease Control and Prevention
Credit: The Robert Wood Johnson Foundation
Graphic: Downloaded from NPR on 10/01/25, *Take The ACE Quiz — And Learn What It Does And Doesn't Mean*

Suicide is the 2nd leading cause of death for American youth and young adults ages 10 to 24

Youth suicide remains a critical public health concern, both nationally and locally. According to the CDC's Youth Risk Behavior Surveillance System (YRBSS), suicide is the second leading cause of death for American youth and young adults ages 10 to 24. In SCC, 2020 and 2022 SCC YRBS data shows persistent mental health challenges among youth.

HIGH SCHOOL STUDENTS

Reported	Nationally	Locally
Seriously considering suicide	20.0% (2023)	12.4% (2020) 14.6% (2022)
Attempting suicide	9.0% (2023)	7.0% (2020) 7.0% (2022)
Making a suicide plan	16.0% (2023)	12.9% (2020) 11.7% (2022)
Being injured by a suicide attempt	2.0% (2023)	13.5% (2020) 8.8% (2022)

The likelihood of suicide-related outcomes was significantly higher among high school students who reported:

- feeling hopeless
- being bullied (including cyberbullying)
- using substances such as cannabis alcohol, cigarettes, or prescription drugs.

14%

Students who felt threatened at school were 14% more likely to attempt suicide.

32%

Students who felt hopeless were 32% more likely to consider suicide.

These findings emphasize the urgent need to strengthen protective factors, such as school connectedness, family support, and access to behavioral health care for adolescents in SCC. Adolescence is a critical time for mental health development. Unaddressed emotional distress can lead to long-term impacts, including higher risk of suicide, academic struggles, and social isolation. By monitoring suicide-related indicators and identifying patterns, we can continue creating effective community-based strategies that improve youth mental well-being across all neighborhoods in SCC.

Figure 5 | Suicidal Ideation Among Female and Male High School Students, SCC, 2024

	Female	Male	Female: Male Risk Ratio	Overall
Depression	37.5%	15.4%	2.4	25.5%
Seriously considered suicide	13.7%	6.4%	2.1	9.7%
Made suicide plan	9.5%	6.0%	1.6	7.5%
Ever attempted suicide	5.3%	3.7%	1.4	4.4%
Injured from suicide attempt	40.7%	27.3%	1.5	34.7%

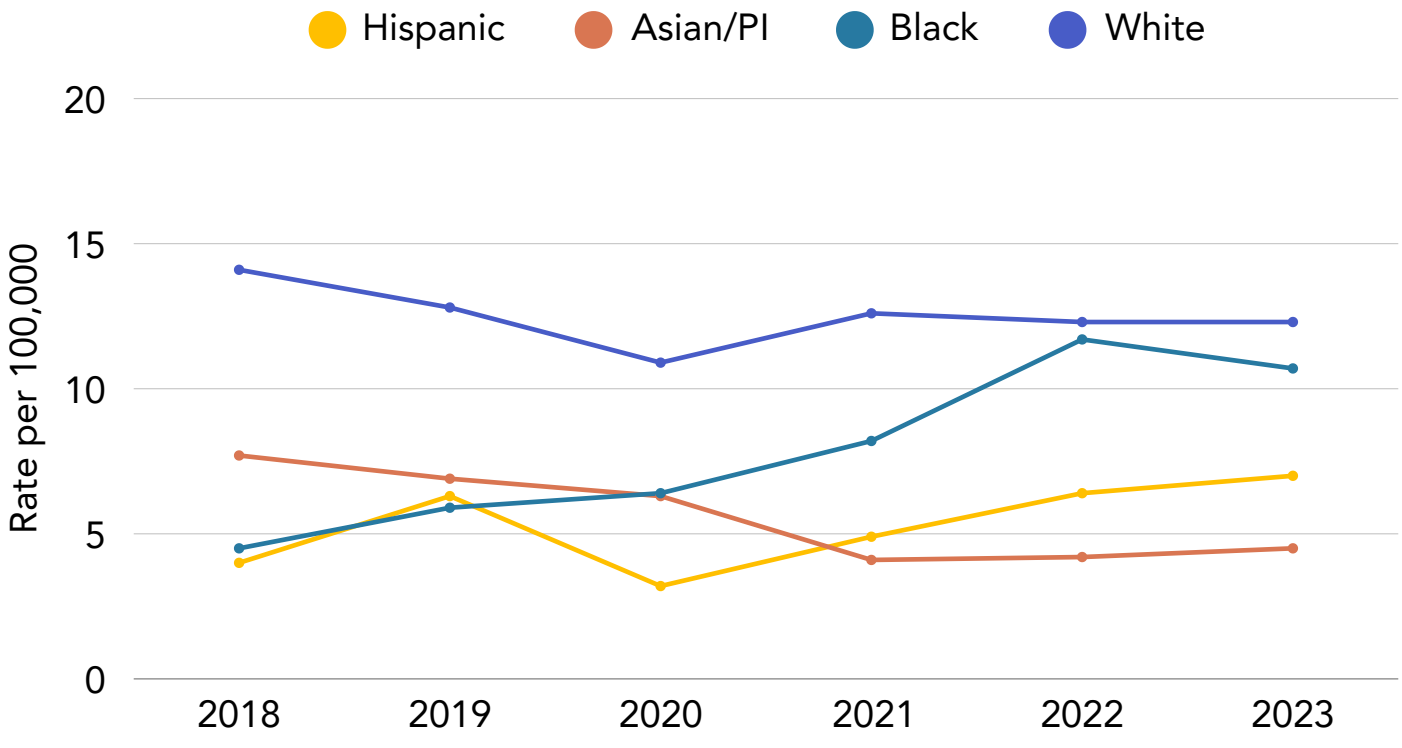
Source: Suburban Cook County Youth-Behavioral Risk Survey (SCC-YRBS), 2024

Understanding suicide-related disparities is critical to advancing equity and ensuring all SCC residents receive the support they need. This section outlines key differences in suicide risk, attempts, and outcomes, based on race and ethnicity. These findings reflect national and local trends and are intended to inform targeted prevention strategies and community-based responses. While the issue of suicide remains deeply sensitive and painful, shedding light on these disparities is a vital step toward strengthening existing programs, guiding new investments, and supporting the ongoing work already making a difference in our communities.

According to data from the Youth Risk Behavior Survey, Black high school students in SCC reported attempting suicide at rates three times higher than their peers. Among all races/ethnicities, Whites had the highest suicide rates from 2018 to 2023. There was a notable increase in suicide amongst Black and Hispanic residents in SCC during this time period. Since 2020, Black and Hispanic suicide death rates have steadily increased (see Figure 6 below). This trend is especially alarming, as suicide-related hospitalizations have continued to rise among youth of color. Hospital data from 2018-2022 shows a clear upward trend in suicide attempts across racial/ethnic groups, with Black youth experiencing some of the highest rates of suicide-related hospitalizations, particularly in the 20-24 age group (See Figure 11 in the hospital data secion).

Suicide-attempt hospitalizations between 2018 and 2022 were most common in the 10-14 and 15-19 age groups, with hospitalization rates rising steadily each year. For Black youth, emergency department hospitalizations due to suicide attempts were highest among those ages 20-24, while for White youth, hospitalizations peaked between ages 15-19 (See Figure 14 and Figure 15).

Figure 6 | Age-Adjusted Suicide Rate per 100,000 persons by Race/Ethnicity, SCC, 2018-2023

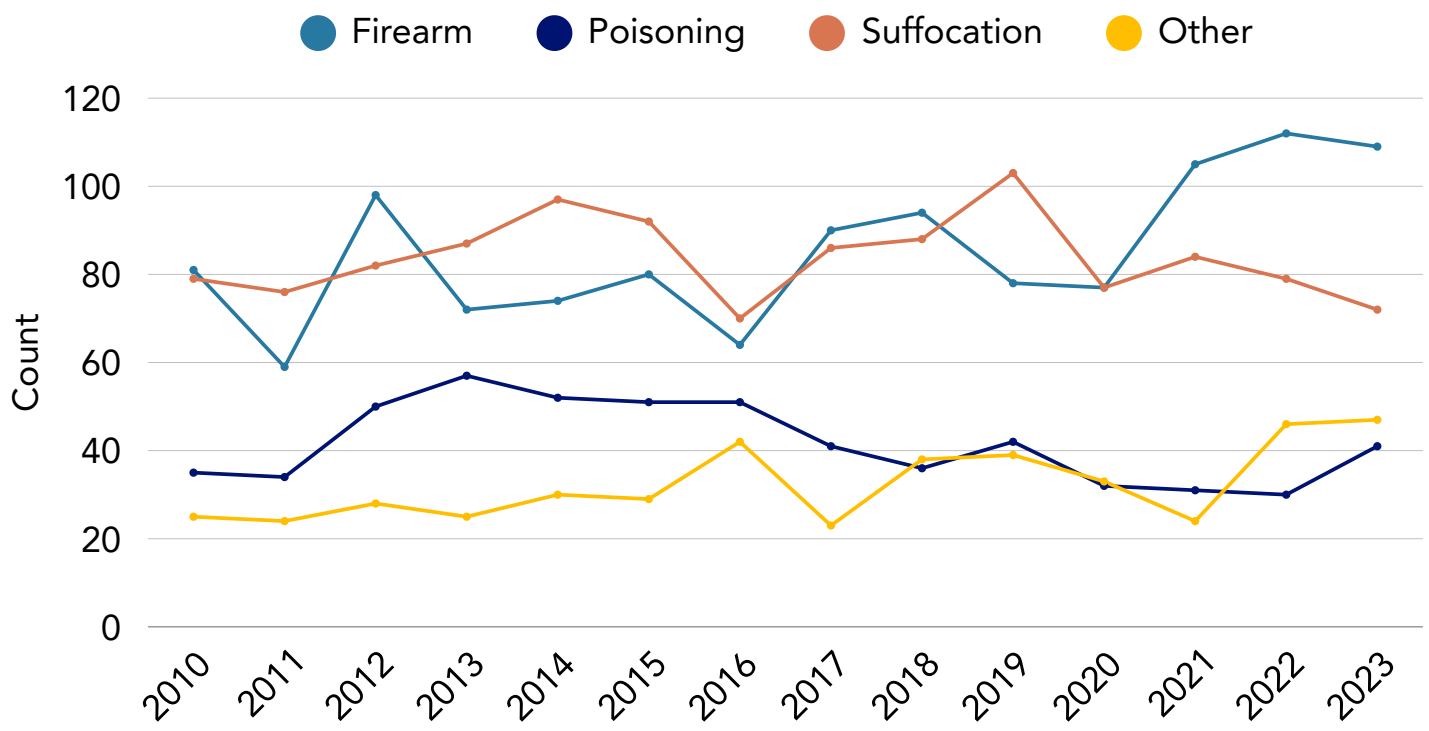


Source: IDPH Death Certificate 2018-2023

When examining suicide mechanisms in SCC, firearms were the leading method, responsible for just over 40% of all suicide deaths between 2018 and 2022. This trend was consistent across nearly every age group, except one: individuals ages 40-49 had higher rates of suffocation. In all other age brackets – including youth, young adults, and seniors – firearms were the primary means (see Figure 7).

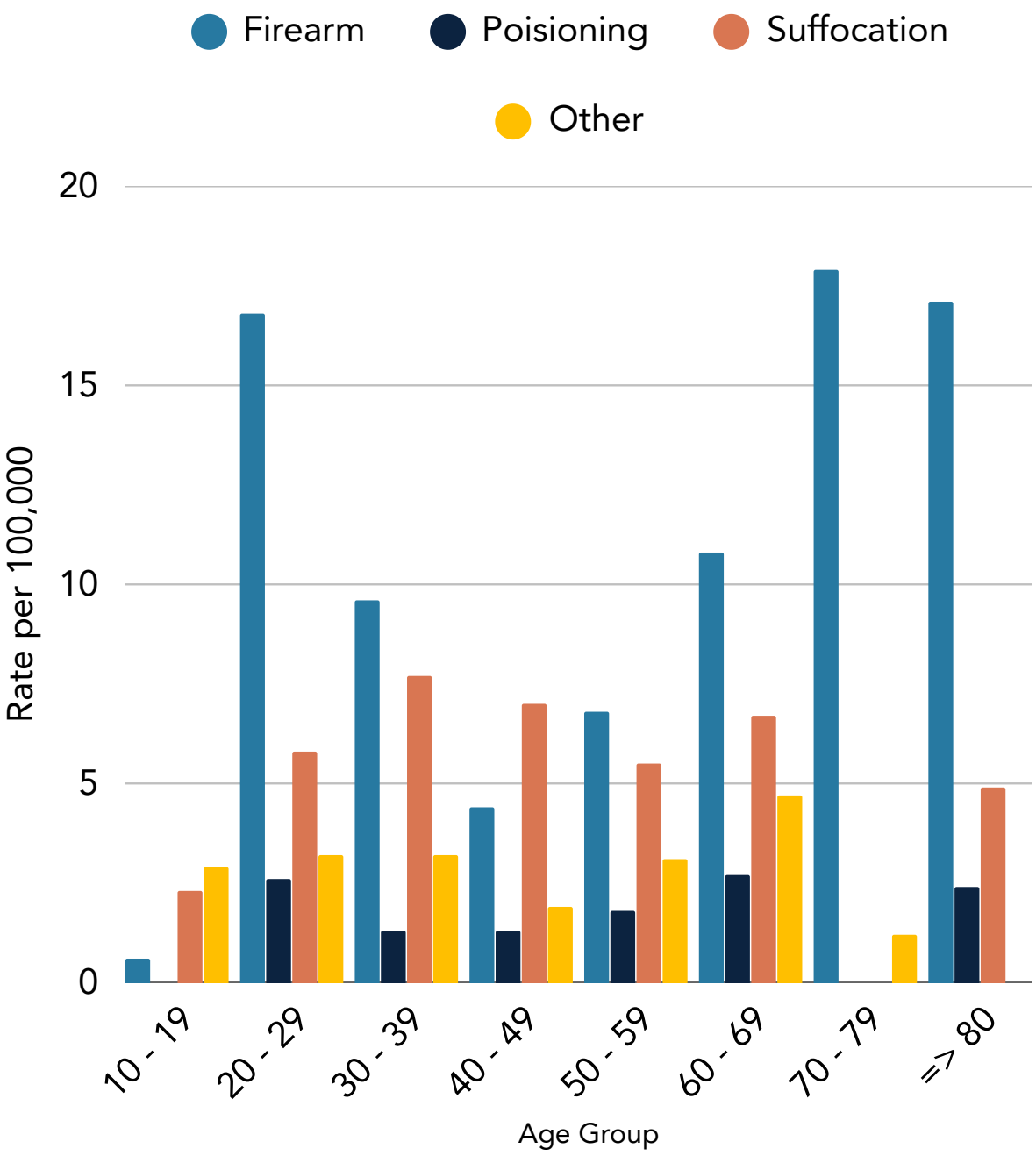
Differences by sex are also important to note. Among males, firearms are the most frequently used method, driving much of the overall suicide burden. For females, the most common method is poisoning, highlighting the need for gender-specific strategies in suicide prevention efforts (see Figures 7 and 8). These patterns underscore a critical need for promotion of firearm safety initiatives, improved access to mental health care, and community-specific outreach that addresses the unique risks facing different age groups in SCC.

Figure 7 | Method of Suicide by Count, SCC, 2010-2023



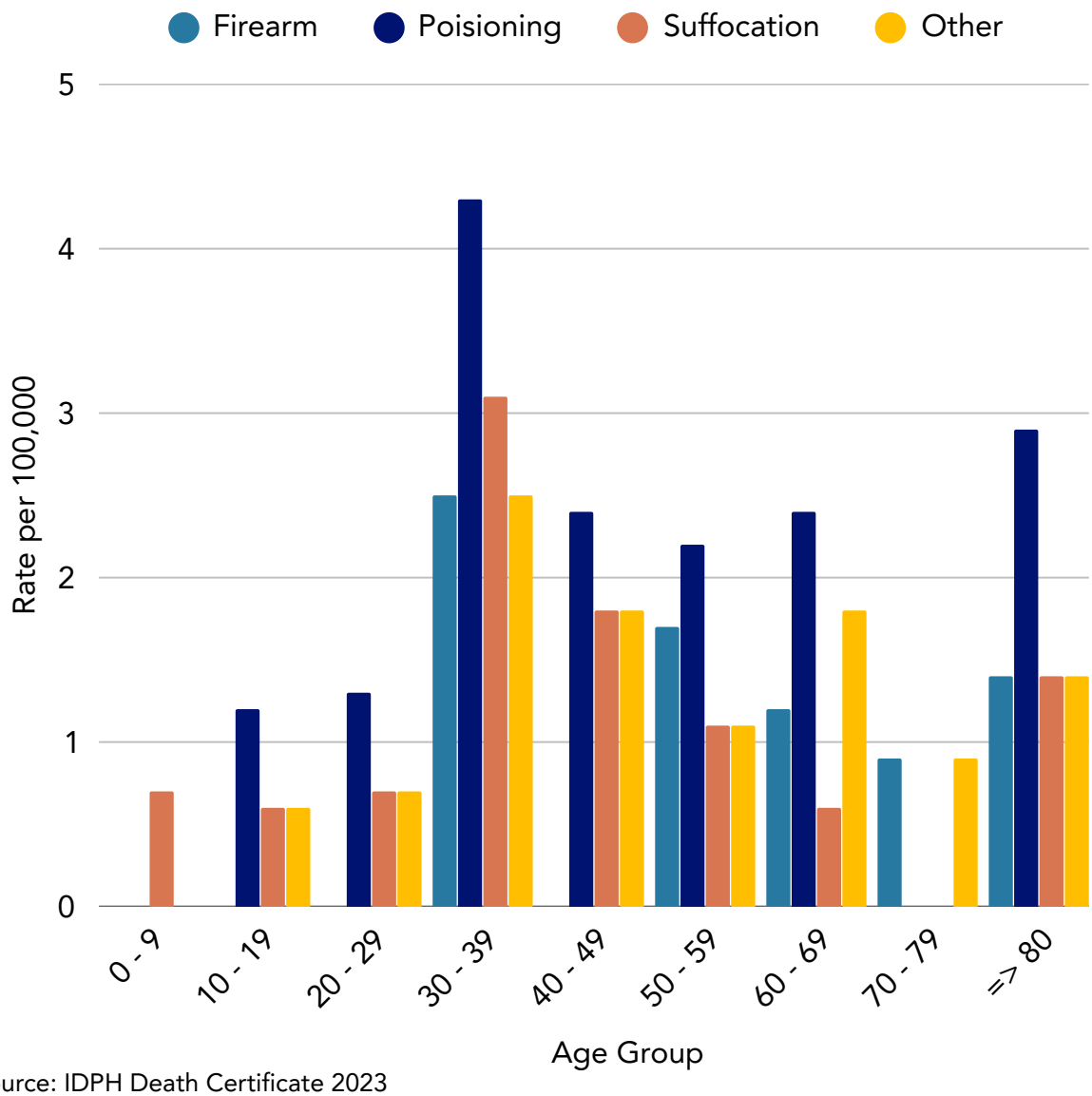
Source: IDPH Death Certificate 2010-2023

Figure 8 | Crude Suicide Death Rate per 100,000 male persons, by Age Group and Method of Suicide, SCC, 2023



Source: IDPH Death Certificate 2023

Figure 9 | Crude Suicide Rates per 100,000 female persons, by Age Group and Means of Suicide, SCC, 2023



Source: IDPH Death Certificate 2023

Hospital discharge records offer valuable insights into the burden of suicide-related behavior across SCC. One key area of analysis is emergency department (ED) hospitalizations due to suicide attempts. These hospitalizations reflect both the acute severity of mental health crisis and the systemic gaps in early intervention, prevention, and access to care.

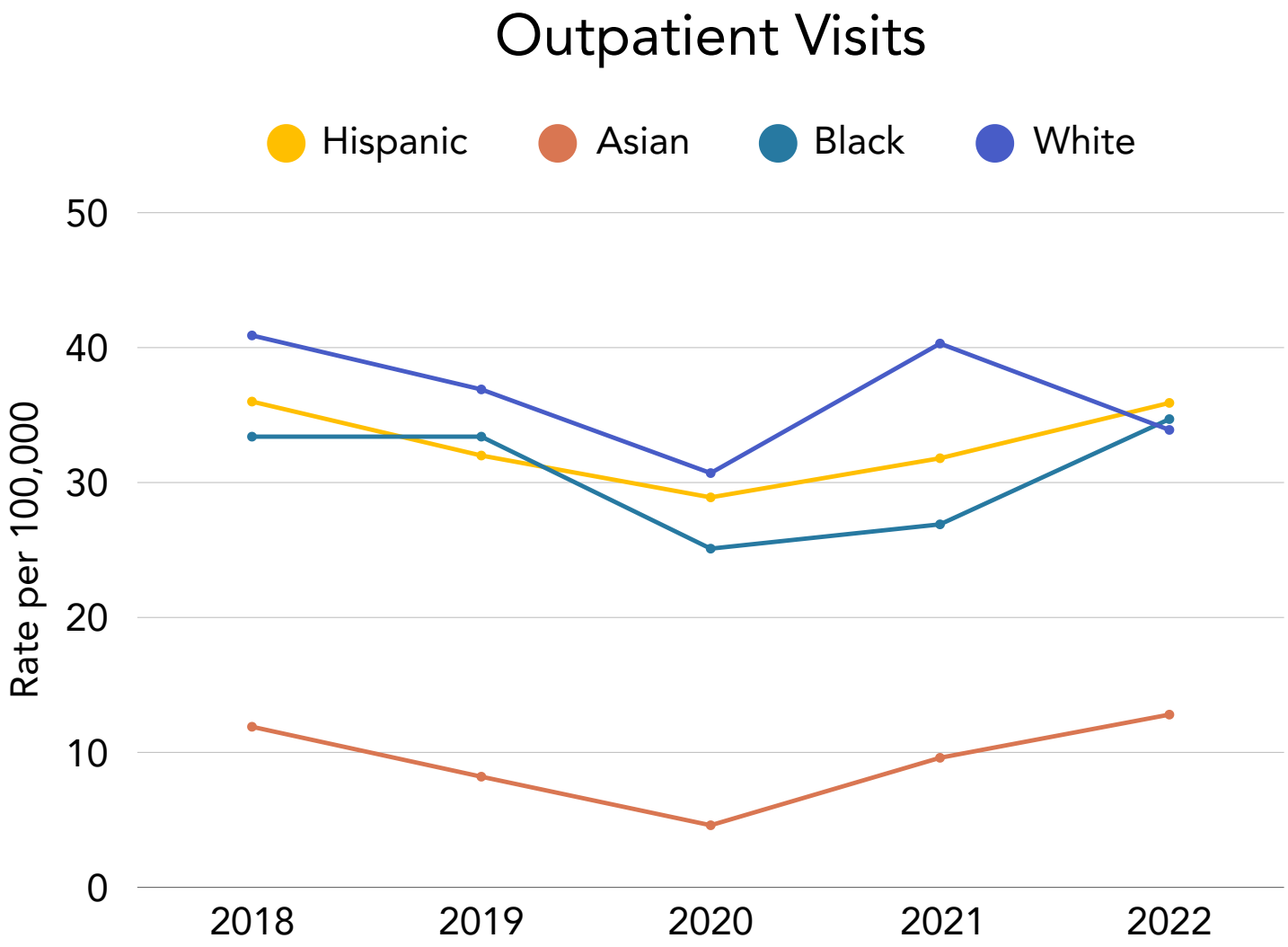
A recent study published by the American Academy of Pediatrics found that, between 2016 and 2021, more than 81,000 youth across Illinois visited emergency departments (EDs) for suicidal ideation, with nearly 1 in 4 requiring hospitalization (Brewer et al., 2022). Hospitalization can be lifesaving – but it also means there have been missed opportunities to connect community members, including youth, families, schools, and local organizations, to timely mental health support and follow-up care. Understanding these numbers is crucial for designing prevention efforts that not only respond to crisis, but also address the root causes like isolation, trauma, and gaps in mental health services.

Inpatient and outpatient discharge data was utilized to estimate the burden of suicide-attempt related hospitalizations in SCC. Patients who were admitted as “inpatient” were required to stay overnight at the hospital, while outpatients were not required to. These patients might have sustained more severe injuries, necessitating additional medical treatment.

Between 2018 and 2022, females had the highest emergency department hospitalizations in SCC due to suicide attempts. Females consistently experienced higher rates of suicide-related ED visits compared to males throughout the five-year period, even though males have the highest suicide deaths overall. This pattern highlights the need for suicide prevention efforts that address the specific needs and experiences of community members who may be less likely to seek help or engage in mental health services.

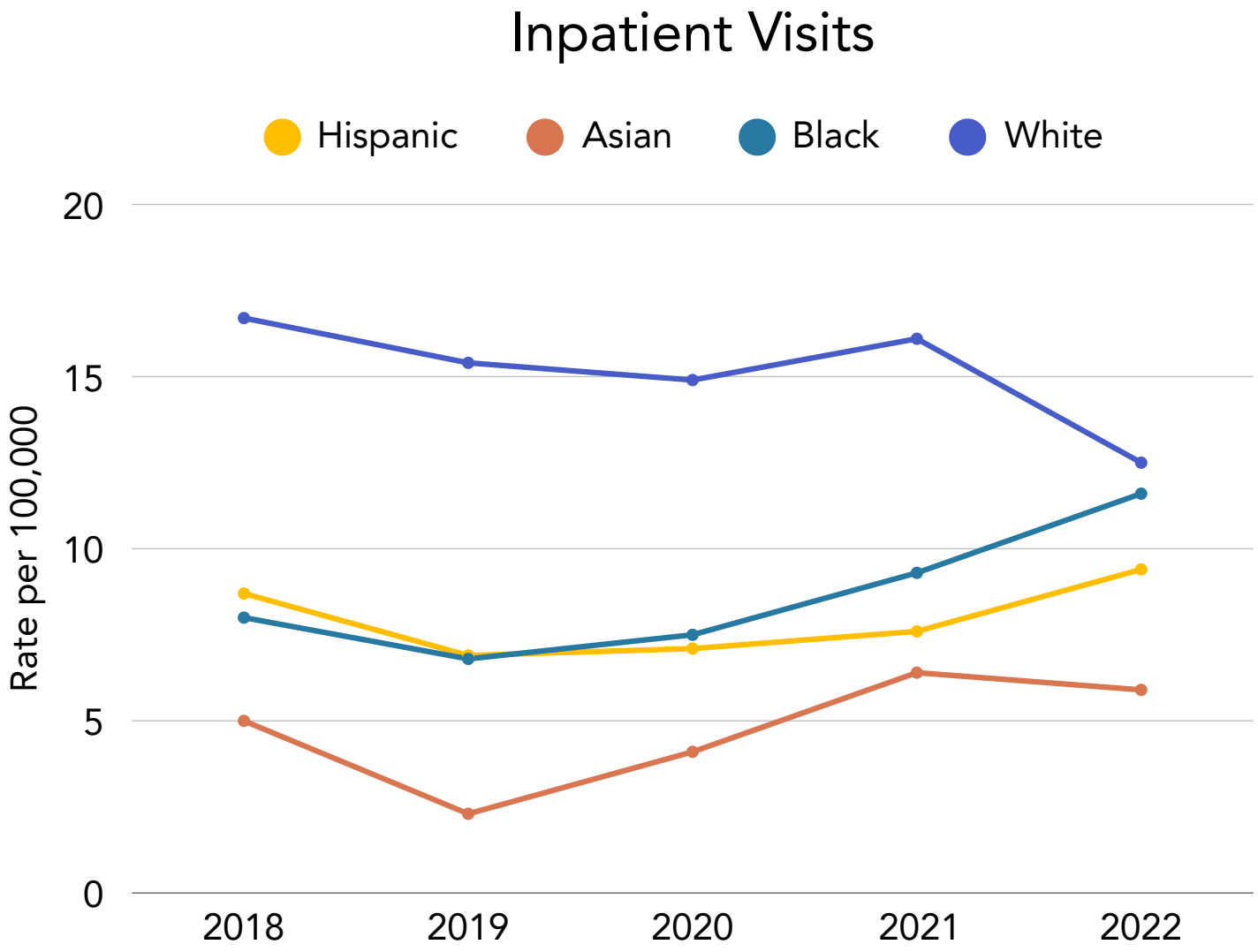
Racial disparities also emerge strongly in the data. Since 2020, there appears to be an increasing emergency department visit rate for suicide attempts amongst non-Hispanic (NH) Blacks and Hispanics population in SCC, mirroring increasing suicide mortality rates among these racial groups. These trends raise serious concerns about systemic inequities and access to behavioral health support in these communities.

Figure 10 | Emergency department visit rate with intentional self-harm injury diagnosis, by race/ethnicity, SCC, 2018-2022



Source: IDPH Hospital Discharge 2018-2022

Figure 11 | Emergency department visit rate with intentional self-harm injury diagnosis, by race/ethnicity, SCC, 2018-2022



Source: IDPH Hospital Discharge 2018-2022

Figures 12 & 13 | Emergency department (ED) visit rate with intentional self-harm injury diagnosis, by sex and age group, SCC, 2018-2022

Figure 12: Outpatient Visits

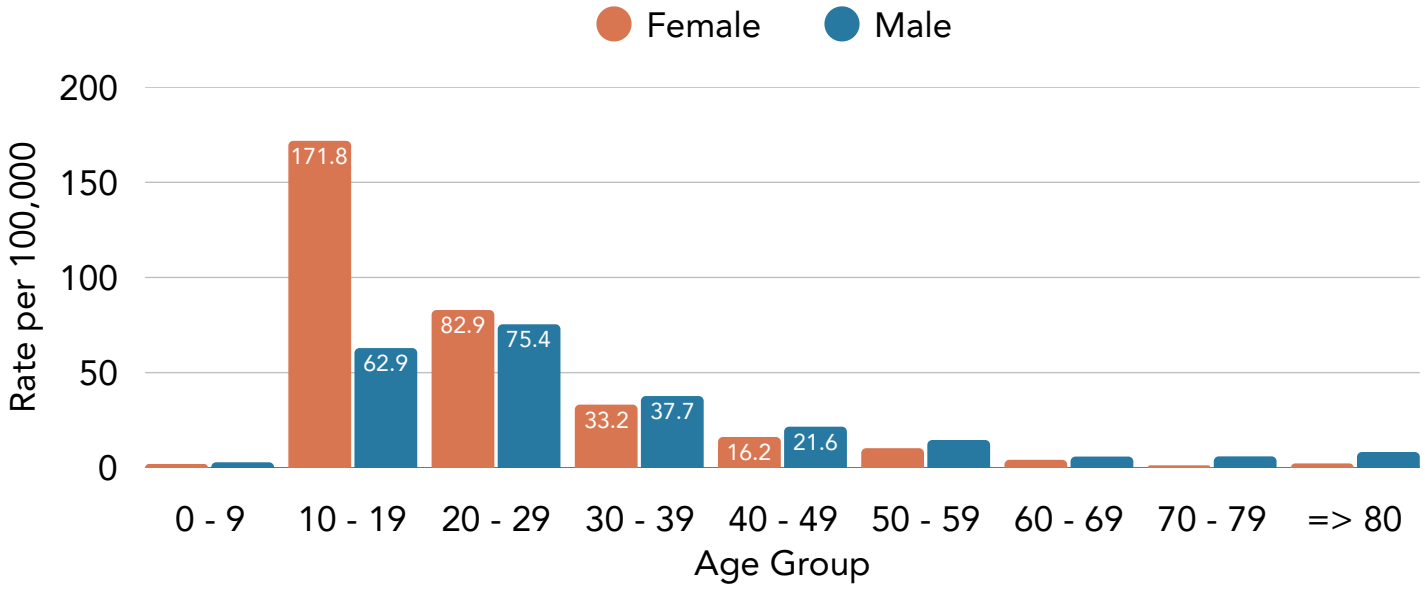
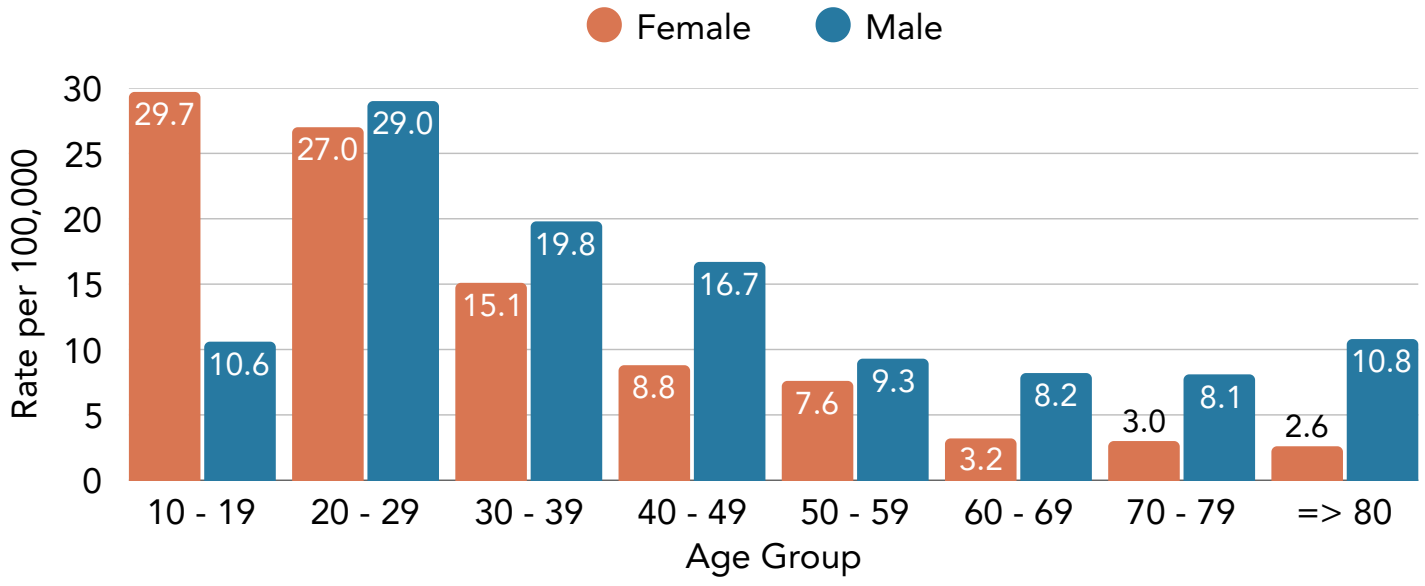


Figure 13: Inpatient Visits



Source: IDPH Hospital Discharge 2018-2022

These findings demonstrate the importance of uncovering age-related disparities because suicide does not affect all groups equally (see Figure 12 on page 20). As shown in Figures 14 and 15 below, emergency department hospitalizations disproportionately affect younger age groups within racial/ethnic groups. Among all race/ethnicities, the 10-19 age group had the highest ED hospitalization rates due to suicide attempts for outpatient discharges (Figure 12). For inpatient discharges, the 15-19 age group was highest for Asian and White residents, while the 20-24 age group was highest for Blacks and Hispanic residents. (Figure 15). Overall, White residents presented the highest ED hospitalization rates across all age groups. Therefore, efforts must be culturally responsive, age-responsive, and rooted in equity if we want to effectively reduce suicide attempts in the communities we serve and live.

Figure 14 & 15 | Emergency department visit rate with intentional self-injury diagnosis, by youth ages & race/ethnicity, SCC, 2018-2022

Figure 14: Outpatient Visit Rates

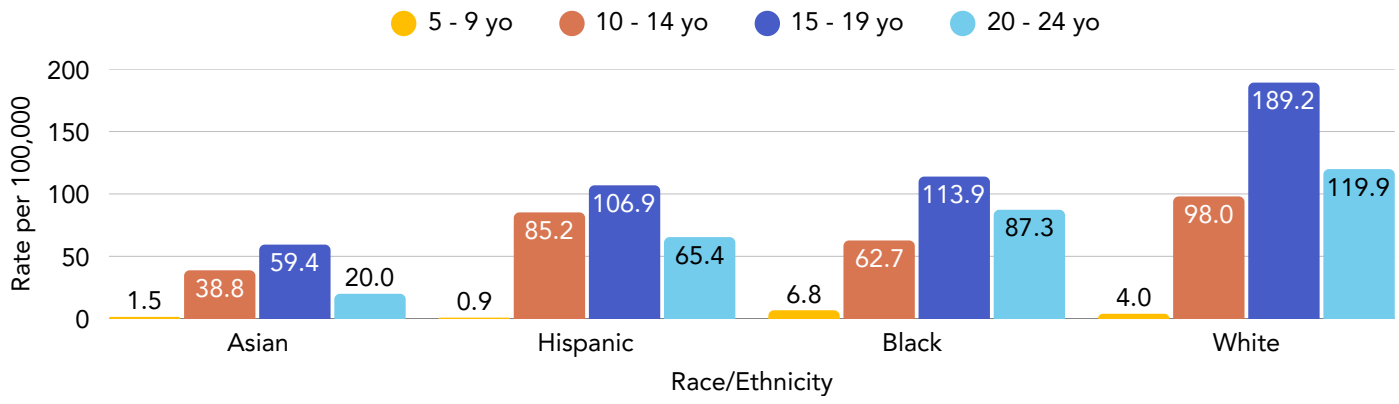
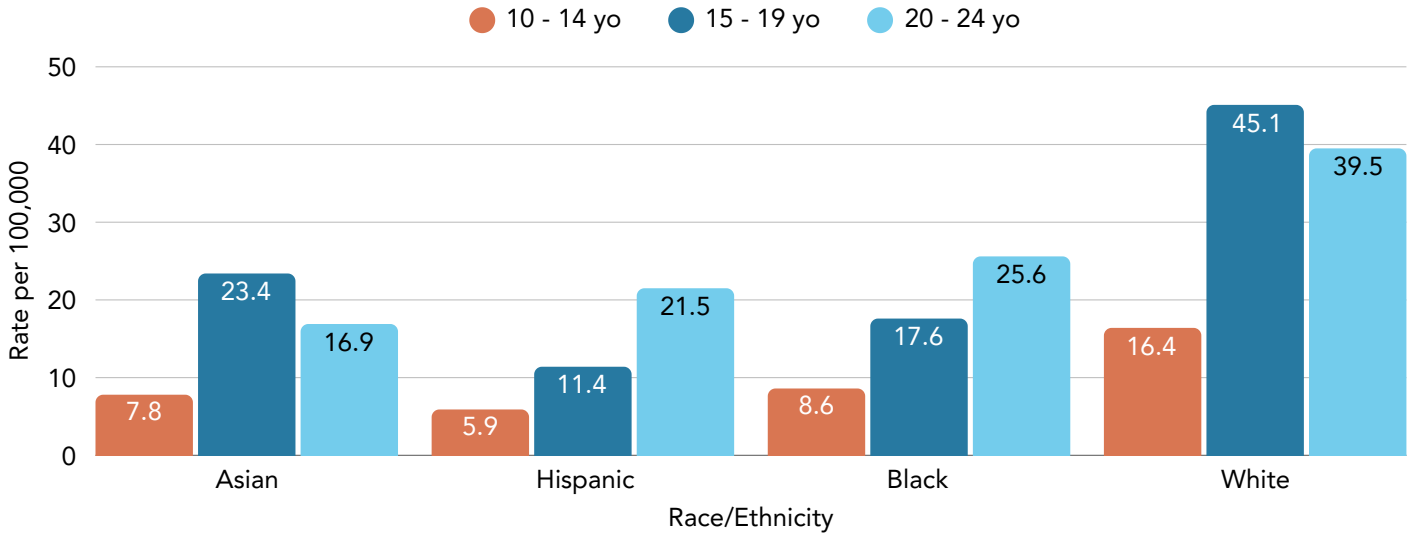


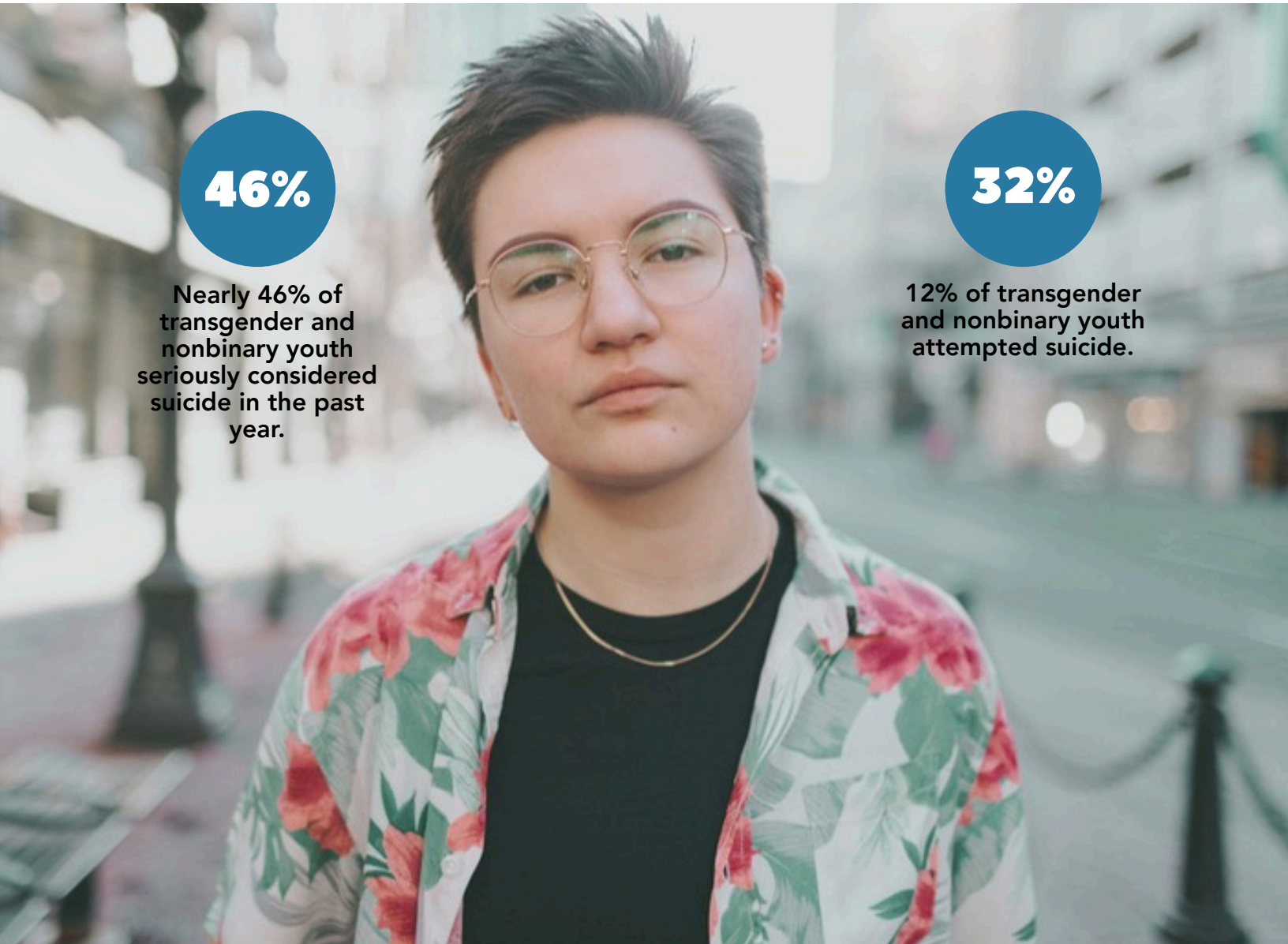
Figure 15: Inpatient Visit Rates



Source: IDPH Hospital Discharge 2018-2022

National research consistently shows that the LGBTQIA+ population faces significantly elevated risks of mental health challenges, suicidal thoughts, and self-harming behaviors. A comprehensive systematic review and meta-analysis by Semlyen et al. (2022) found that LGBTQIA+ individuals are at a notably higher risk for suicide attempts, suicidal ideation, and non-suicidal self-injury compared to their heterosexual and cisgender peers. These findings were echoed in a separate review by Hatzenbuehler et al. (2021), which identified factors such as stigma, discrimination, and lack of social support as key contributors to these disparities. The intersection of minority stress and limited access to culturally competent mental health care continues to intensify mental health risks among LGBTQIA+ populations.

Although comprehensive local data on LGBTQIA+ mental health outcomes in SCC is limited, national findings help contextualize the need for inclusive, affirming support systems locally. The Trevor Project (2023) reported that nearly 46% of transgender and nonbinary youth seriously considered suicide in the past year, and 12% attempted suicide. These alarming statistics stress the importance of affirming environments in schools, homes, and communities. Without inclusive mental health resources and protections, this population remains at a heightened risk.



Strengthen economic supports

- Improve household financial security
  - *Local examples: Cook County Guaranteed Income Pilot and Medical Debt Relief Program*
- Stabilize housing

Create protective environments

- Reduce access to lethal means among people at risk of suicide by supporting the implementation of the Safe Gun Storage Act (PA-104-0031).
  - *Local example: Illinois Department of Public Health Gun Lock Program*
- Reduce harms of substance use through community-based policies and harm reduction
- Support the implementation of restorative practices in schools and other settings
- Create healthy organizational policies and culture
  - *Local example: NAMI Metro Suburban's Workplace Wellness programs*

Improve access and delivery of suicide care

- Support efforts to cover mental health conditions in health insurance policies
- Build awareness of 9-8-8 and crisis services through trusted community leaders
- Create safer suicide care through systems change
- Increase providers in underserved areas

Promote healthy connections

- Support the creation of safe and supportive spaces for Black and Brown youth and adults
- Ensure that youth voice is included in planning for youth-based programs and services
- Engage community members in shared activities
  - *Local example: Cook County Transforming Places program*

Teach coping and problem-solving skills

- Support social-emotional learning programs
  - Local examples: *CCDPH Building Healthier Communities grants*
- Support resilience through evidence-based education programs in schools and community spaces

Identify and support people at risk

- Train gatekeepers
  - Local example: *ECHO Chicago QPR Trainings*
- Respond to crises
  - Local examples: IDHS and *IL HFS Mobile Crisis Response*
- Plan for safety and follow-up after an attempt

Lessen harms and prevent future risk

- Invest in population health data systems to track suicide risk, inequities, and outcomes
- Intervene after a suicide (postvention)
- Report and message about suicide safety
  - *Local example: American Foundation for Suicide Prevention Illinois*

Suicide deaths are preventable and require a comprehensive response. The research suggests that multilevel interventions show greater effectiveness than single strategies, with significant reductions in both suicide attempts and deaths (Robinson et al., 2018)(Hofstra, 2019). With growing inequities for communities of color, and recent threats to immigrants and LGBTQIA+ individuals, culturally-responsive approaches are even more essential.

Suicide prevention research also shows that school-based education programs reduce suicidal ideation and attempts among adolescents. Universal and targeted interventions in schools improve mental wellbeing and help-seeking behaviors (Pistone et al., 2019)(Burr et al., 2025)(Gaynor et al., 2023). A randomized control trial of three programs, including Signs of Suicide (S0S), showed decreases in suicidal behavior, with SOS leading to up to a 64% reduction in suicide attempts (Hughes et al., 2022).

There's also space for innovative and peer-based approaches with youth. Some suicide prevention programs simply modify programs for adults instead of creating unique programs that center youth. In the post-COVID era, SCC community organizations have noticed that more youth are asking to receive support outside of school. CCDPH will be hosting youth focus groups with priority groups across SCC to better understand what mental health supports youth currently rely on, and where, how, and from whom they want to receive support.

There are two other ways which suicide prevention has made an impact— first, by reducing access to lethal means and second, in clinical spaces (Robinson et al., 2018). Training primary care providers in depression recognition and suicide risk assessment is effective. Active follow-up after discharge from psychiatric care or a suicidal crisis also reduces repeat attempts.

For the recommendations, CCDPH identified local actions in alignment with the Centers for Disease Control and Prevention framework. CCDPH, community organizations, government agencies, and providers have invested in these strategies; however, additional investment and coordination is essential to ensure equitable access and reduce suicide deaths.

This report presents extensive data on suicide. It is essential to remember that each person whose life was lost to suicide, was a friend, family member, and part of a larger community and world. We share numbers about suicide to raise awareness of how suicide impacts different communities and groups, but most importantly to identify solutions.

While SCC suicide rates are lower than Illinois as a whole, there are still significant disparities within sex, age, and racial/ethnic groups. While White residents experience the highest numbers of suicide outcomes, the rise in suicide-related deaths and hospitalizations among Black and Hispanic residents is alarming. Within racial groups, disparities emerged within age groups, which highlights the need to tailor interventions that are also culturally responsive and age-appropriate.

Since 2020, the incidence of firearm-related suicide deaths has increased and continues to remain high compared to other methods of suicide. This finding illustrates the multilevel approach needed to implement stricter firearm accessibility policies to limit the purchasing of firearms. Some policies have included background checks before a person obtains a firearm, increasing the technological advances on gun safety, and firearm-safety storage.

Next Steps

Building on the findings outlined in this report, CCDPH is moving forward with several initiatives to address rising suicide risk, particularly among youth. We are continuing to connect with our partners to strengthen and connect prevention efforts and expand support in this critical behavioral health space. CCDPH's Building Healthier Communities grants support multiple organizations providing social and emotional learning and mentorship programs. Youth focus groups will be conducted across SCC to ensure young people have a direct voice in shaping prevention strategies.

Illinois will be the first state to implement mental health screening in school settings, which should help identify and intervene sooner, resulting in lessening the severity of mental illness amongst a generation who will lead us in the future.

Illinois continues to expand suicide prevention efforts through education, policy, and funding for school-based programs, aligning with local priorities. In addition, local partners such as NAMI Metro Suburban, NAMI South Suburbs, NAMI North Suburban, NAMI Illinois and other organizations are advancing prevention through school-based mental health education and stigma-reduction initiatives that equip students, families, educators, and community-based organizations with tools to respond early and effectively.

Resources for Support

Help is available. Included at the end of this document is a list of mental health and crisis hotlines and suburban Living Rooms that can accept walk-in services, and are often open 24/7. Family members and friends may also utilize some of these services, if concerned about a loved one.

Together, these programs and steps reflect a shared commitment to comprehensive, community-driven solutions that integrate data, youth perspectives, and evidence-based practices to reduce suicide and promote mental health across SCC.

DATA PORTAL

For more data on mental health and substance use, please visit the CCDPH Health Atlas website at cookcountyhealthatlas.com. This data platform, co-designed by the health department and its partners, aims to enhance public health awareness and promote health equity. The platform is updated on a regular basis.

DATA REQUESTS

CCDPH responds to data requests from partner agencies, universities, and the general public. For access to additional data not included in this report, please visit the CCDPH website at cookcountypublichealth.org/epidemiology-data-reports/external-data-request-form to submit your data request.

ACKNOWLEDGEMENTS

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CCDPH is also deeply grateful to the Proviso Township Youth Services Department's Navigating Mental Wellness Committee for their thoughtful review and continued support of the Proviso Township Youth Suicide Report, which was the foundation of this report.

CCDPH PROJECT TEAM

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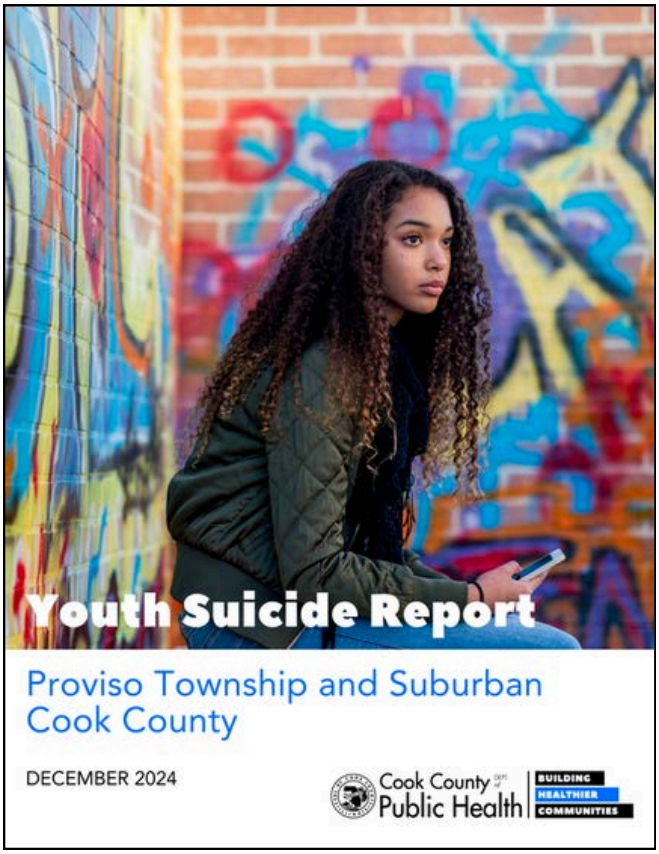
RELATED REPORTS

To view more behavioral health reports, such as the Youth Suicide Report at right, please click this link.



If you or someone you know is feeling overwhelmed OR having thoughts of suicide, please call 9-8-8

SUICIDE RISK FACTORS

- Previous suicide attempt(s)
- Mental illness (depression, bipolar disorder, etc.)[1]
- Substance use (alcohol, drugs)
- Social isolation or lack of social support
- Exposure to suicide (e.g., friend or family member died by suicide)
- Feeling disconnected or unsupported at school
- History of trauma or abuse (including childhood trauma connected with adverse childhood experiences or ACEs)[1][2]
- Recent major life stressors (e.g., financial crisis, breakup, job loss)
- Justice-system involvement or history of incarceration
- Bullying[3]
- Discrimination and/or racism (e.g., race, gender, sexual identity)

SUICIDE WARNING SIGNS[4]

Suicide can be an impulsive act, a decision made during intense emotional pain

- Talking or writing about death, dying, or suicide
- Withdrawing from friends, family, or activities
- Extreme mood swings or agitation
- Expressing hopelessness or feeling like a burden
- Giving away personal belongings
- Searching online for suicide methods or weapons
- Sudden changes in sleep or eating patterns
- Increased use of alcohol and drug use
- Risky or reckless behaviors (e.g., unsafe sex, reckless driving)
- Self-harm (e.g., cutting, burning)
- Decline in school or work performances
- Saying goodbye or making final arrangements

Franklin, J. C., et al. 2017; García de la Garza., et al. 2021; King, C. A., et al. 2024; Lennon, N., et al, 2024

CRISIS AND SUPPORT CALL LINES

988 Suicide and Crisis Lifeline

If you or someone you know is having thoughts of suicide or experiencing a mental health or substance use crisis, 988 provides a connection to free, confidential support. At the beginning of the call, callers have the option to select the Veterans Crisis Line or Spanish-Language Crisis Line.

- **Call:** 988
- **Text:** 988
- **Hours:** 24/7

NAMI Chicago Helpline

The NAMI Chicago Helpline is a free and confidential resource that provides a listening ear, guidance, and connection to the right mental health and social service resources, over the phone. The helpline is available for people calling for their own needs, those supporting a loved one, and providers who need resources for a client. Support is available in both English and Spanish.

- **Call or Text:** 833-NAMI-CHI (626-4244)
- **Hours:** Monday - Friday, 9AM-8PM; Saturday and Sunday, 9AM-5PM

The Trevor Project

The Trevor Project is a support network for LGBTQIA+ youth and provides crisis intervention and suicide prevention resources. Through The Trevor Project, you can reach out to a counselor if you're struggling, find answers and information and get the tools you need to help someone else.

- **Call:** 1-866-488-7386
- **Text:** START to 678678
- **Hours:** 24/7

Teen Line

Teen Line is an anonymous, non-judgmental space for youth. Through this hotline, teens can access personal peer-to-peer support from highly-trained teens supervised by adult mental health professionals.

- **Call:** 800-852-8336; 8PM-12PM CST
- **Text:** 839863; 8PM-11PM CST

Trans Lifeline

Trans Lifeline is a peer support phone service run by trans people for trans and questioning peers. It's available for people who are trans, even if they're not in a crisis or if they're not sure they're trans.

- **Call**: 877-565-8860, 12PM-8PM CST

IN-PERSON SUBURBAN RESOURCES

The Loft at Eight Corners

In collaboration with NAMI Metro Suburban, Pillars Community Health launched The Loft, a space designed to engage youth in their mental health journey. The Loft offers individual and group services, including mental wellness education and skill-building,to equip youth and their families with strategies for self-management; crisis prevention, intervention, stabilization; and referrals to other resources. Services are available on a walk-in or scheduled basis.

- **Brookfield Location**: 9049 Monroe Avenue
- **Ages served:** Youth, grades 7-12, and their families
- **Hours:** Monday - Friday 1PM-8 PM; Saturday and Sunday, 10AM-6PM
- **Learn more:** https://loft8corners.org

Healthcare Alternative Systems (H.A.S.) Living Room

The Living Room is a refuge for individuals in crisis—a safe, welcoming, and judgment-free space offering free, confidential, and immediate emotional support on a walk-in basis. The Living Room provides an accessible, comforting alternative to the emergency room during times of stress and crisis.

- **Broadview Location:** 1917 West Roosevelt Road
- **Ages served:** 18 years and older
- **Hours:** 12PM-8PM, 7 days a week

NAMI Metro Suburban Living Rooms

Whether you are in an emotional crisis, or just need a safe place to speak with someone who understands, you can go to a Living Room location where you can find someone to talk to. The Living Rooms are available to anyone who is feeling scared, anxious, angry, sad, or just needs to talk with someone. Services are free of charge, with no identification or insurance needed. The Living Rooms are accessible by walk-in or by calling in advance.

- **Summit Location**: 7602 63rd Street
- **Ages served:** 18 years old and over
- Bilingual Support in Spanish available
- **Hours:** 24/7

- **LaGrange Location**: 4731 Willow Springs Road
- **Ages served**:18 years old and over
- **Hours:** 24/7

- **Learn more:** https://namimetsub.org/recovery-programs/the-living-room/

IN-PERSON SUBURBAN RESOURCES

Trinity Services Living Room

The Living Room is a free alternative to the Emergency Room. It gives individuals in a crisis a safe, calm environment to de-escalate from their mental health stressors. When a guest arrives, they are assessed by a clinician to determine if The Living Room is an appropriate level of care. After this, the guest will speak with a Recovery Support Specialist (RSS), who has lived experience with mental health concerns.

- **Orland Park Location**: 16514 South 106th Court
- **Ages served:** 18 years old and over
- **Hours:** 24/7
- **Learn more:** https://www.trinityservices.org/livingroom

Leyden Family Service and Mental Health Center Living Room

The Living Room is a safe, calm and comfortable place to visit when you are emotionally struggling. Recovery Support Specialists are available to help.

- **Franklin Park Location:** 10013 W. Grand Avenue
- **Ages served:** 18 years old and over
- **Hours:** 24/7
- **Learn more:** https://www.leydenfamilyservice.org/leyden-living-room

Link & Option Center Living Room

The Living Room is a comfortable, non-clinical space that offers an alternative to hospital emergency rooms for those experiencing stressful and anxiety-provoking situations (psychiatric emergencies). The goal of the program is to provide a calm and safe environment in which guests can resolve crises without more intensive intervention.

- **Hazel Crest Location**: 17577 S. Kedzie Ave Suite 106
- **Ages served:** 18 years old and over
- **Hours:** 24/7
- **Learn more:** https://www.link-option.com/living-room-mobile-crisis-response

For a complete list of easily-accessible, local and national mental health resources. Many of the resources are free, accept walk-ins, or provide support via the phone or chat.

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Appendix

Table I | Youth and Young Adult Suicide Death Demographics by Sex, Race/Ethnicity, and Age Group, Suburban Cook County, 2018-2023

	2018	2019	2020	2021	2022	2023	2018-2023
Sex							
Female	11 (36.7%)	9 (25.0%)	5 (17.2%)	9 (29.0%)	5 (17.2%)	6 (16.2%)	45 (23.4%)
Male	19 (63.3%)	27 (75.0%)	24 (82.8%)	22 (71.0%)	24 (82.8%)	31 (83.8%)	147 (76.6%)
Race/Ethnicity							
Hispanic	6 (20.0%)	15 (41.7%)	7 (24.1%)	8 (25.8%)	6 (20.7%)	13 (35.1%)	55 (28.6%)
NH Asian/PI	4 (13.3%)	1 (2.8%)	3 (10.3%)	3 (9.7%)	0 (0.0%)	2 (5.4%)	13 (6.8%)
NH Black	4 (13.3%)	2 (5.6%)	5 (17.2%)	12 (38.7%)	10 (34.5%)	6 (16.2%)	39 (20.3%)
NH Multiracial	0 (0.0%)	2 (5.6%)	0 (0.0%)	0 (0.0%)	1 (3.4%)	1 (2.7%)	4 (2.1%)
NH Other	0 (0.0%)	0 (0.0%)	1 (3.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
NH White	16 (53.3%)	16 (44.4%)	13 (44.8%)	8 (25.8%)	12 (41.4%)	15 (40.5%)	80 (41.7%)
Age Group							
5 to 9 years	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (2.7%)	1 (0.5%)
10 to 14 years	4 (13.3%)	2 (5.6%)	3 (10.3%)	2 (6.5%)	1 (3.4%)	3 (8.1%)	15 (7.8%)
15 to 19 years	10 (33.3%)	14 (38.9%)	11 (37.9%)	9 (29.0%)	14 (48.3%)	11 (29.7%)	69 (35.9%)
20 to 24 years	16 (53.3%)	20 (55.6%)	15 (51.7%)	20 (64.5%)	14 (48.3%)	22 (59.5%)	107 (55.7%)
Total	30	36	29	31	29	37	192

Source: IDPH Death Certificate Data, 2018-2023

Table II | Suicide Death Demographics by Sex, Race/Ethnicity, and Age Group (All ages), Suburban Cook County, 2018-2023

	2018	2019	2020	2021	2022	2023	2018-2023
Sex							
Female	56 (22.0%)	63 (24.4%)	41 (18.7%)	48 (19.8%)	62 (23.3%)	66 (24.7%)	336 (22.3%)
Male	198 (78.0%)	195 (75.6%)	178 (81.3%)	194 (80.2%)	204 (76.7%)	201 (75.3%)	1,170 (77.7%)
Race/Ethnicity							
Hispanic	23 (9.1%)	36 (14.0%)	18 (8.2%)	29 (12.0%)	33 (12.4%)	39 (14.6%)	178 (11.8%)
NH Asian/PI	17 (6.7%)	17 (6.6%)	14 (6.4%)	9 (3.7%)	10 (3.8%)	10 (3.7%)	77 (5.1%)
NH Black	18 (7.1%)	23 (8.9%)	26 (11.9%)	33 (13.6%)	44 (16.5%)	41 (15.4%)	185 (12.3%)
NH Multiracial	1 (0.4%)	2 (0.8%)	4 (1.8%)	1 (0.4%)	1 (0.4%)	3 (1.1%)	12 (0.8%)
NH Other	0 (0.0%)	0 (0.0%)	2 (0.9%)	0 (0.0%)	1 (0.4%)	0 (0.0%)	3 (0.2%)
NH White	195 (76.8%)	180 (69.8%)	155 (70.8%)	170 (70.2%)	177 (66.5%)	174 (65.2%)	1,051 (69.8%)
Age Group							
5 to 14	4 (1.6%)	2 (0.8%)	3 (1.4%)	2 (0.8%)	1 (0.4%)	4 (1.5%)	16 (1.1%)
15 to 24	26 (10.3%)	34 (13.9%)	26 (12.4%)	29 (12.2%)	28 (10.9%)	33 (12.5%)	176 (12.0%)
25 to 34	42 (16.6%)	48 (19.6%)	38 (18.1%)	51 (21.5%)	39 (15.2%)	60 (22.7%)	278 (19.0%)
35 to 44	34 (13.4%)	29 (11.8%)	31 (14.8%)	33 (13.9%)	42 (16.4%)	36 (13.6%)	205 (14.0%)
45 to 54	50 (19.8%)	39 (15.9%)	36 (17.1%)	46 (19.4%)	45 (17.6%)	37 (14.0%)	253 (17.3%)
55 to 64	59 (23.3%)	50 (20.4%)	35 (16.7%)	40 (16.9%)	47 (18.4%)	44 (16.7%)	275 (18.8%)
65 to 74	24 (9.5%)	27 (11.0%)	24 (11.4%)	21 (8.9%)	38 (14.8%)	34 (12.9%)	168 (11.5%)
85+	14 (5.5%)	16 (6.5%)	17 (8.1%)	15 (6.3%)	16 (6.3%)	16 (6.1%)	94 (6.4%)
Total	254	258	219	242	266	267	1506

Source: IDPH Death Certificate Data, 2018-2023

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